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PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Substitute for Form PTO-875

Substitute for Politi P 10-875									09	09901960		
Sec.		CLAIM	LAIMS AS FILED - P (Column 1)		ART I (Column 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
	FOR		NUMBER FILE	NUM	MBER EXTRA	11	RATE	FEE		RATE		
	SIC FEE CFR 1.16(a))							,	1 00	10012	FEI	
TO	TAL CLAIMS CFR 1.16(c))		mious	20 -		1	×		OR		-	
INC	PEPENDENT CLA	IMS	minus 20 =			┨┠	× \$ =	<u> </u>	OR	× \$=		
(37	CFR 1.16(b))		minus 3 =		1.		X \$ =	ļ	OR	X \$=		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							+ \$=		OR	+ \$=		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL		
	,		S AMENDE	D PART II					·		L	
(Column 1) (Column 2) (Column 3)						SMALL I	ENTITY	OR	OTHER THAN SMALL ENTITY			
AMENDMENT A	1 11 M 11 M 11	CLAIM REMAIN AFTEI AMENDM	ING R	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION/ FEE	
	Total (37 CFR 1.16(c))	1. 9	Minus	20	=		× \$=		OR	X \$ =		
	Independent (37 CFR 1.16(b))	. /	Minus		=		x \$ =		OR	× \$ =		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))											
						! L	+ \$ =		OR	+ \$ = TOTAL		
							ADD'L FEE		OR	ADD'L FEE		
		(Column		(Column 2)	(Column 3)	-			ī			
AMENDMENT B		CLAIMS REMAINI AFTER AMENDME	NG	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE	
	Total (37 CFR 1.16(c))	•	Minus	••	=		× \$ =		OR	: · · × \$ =		
	Independent (37 CFR 1.16(b))	•	Minus	•••	=	-	× \$ =	·····				
AM	FIRST PRESENT	ATION OF MU	I TIPLE DEBEND	ENT CLAIM (27.0)	 	` •		OR	X \$_~=		
	TROTFRESENT	ATTON OF MO	CHFEE DEFEND	CIAI CLAIM (37 C	CFR 1.16(d))	٠	+ \$ = TOTAL		OR	+ \$ = TOTAL		
				* ^			ADD'L FEE		OR	ADD'L FEE		
	·	(Column 1)	(Column 2)	(Column 3)		· · ·					
	·	CLAIMS REMAININ AFTER AMENDME	1G	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE	
OMEN	Total (37 CFR 1.16(c))	•	Minus	••	= .	,	< \$ =		OR :	x \$=		
	Independent (37 CFR 1.16(b))	•	Minus .		=	,	:\$ =		OR	x \$ =	<u>, , , , , , , , , , , , , , , , , , , </u>	
AME	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))											
							OTAL =		OR	+ \$= TOTAL		
•	If the entry in co	lumn 1 is les	s than the enin	vin column 2. wri	ite "0" in column 3		OD'L FEE		OR	ADD'L FEE		

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

^{***} If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.